



CERTIFICATE OF MAILING

I hereby certify that the below listed items are being deposited with the U.S. Postal Service as first class mail in an envelope addressed to:

**Mail Stop 313(c)
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450**

on 6-7-06
[Signature]
Jeffrey R. Kuester

In Re Application of:

Plourde, Harold J.

Serial No.: 10/005,628

Filed: December 5, 2001

Confirmation No.: 8250

Group Art Unit: 2182

Examiner: Peyton, Tammara R.

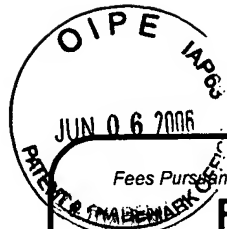
Docket No.: A-7446 (191920-1130)

For: Disk Driver Cluster Management of Time Shift Buffer With File Allocation Table Structure

The following is a list of documents enclosed:

Return Postcard
Petition to Withdraw from Issue
RCE Transmittal Form
Fee Transmittal Form
Credit Card Authorization – Authorizing \$920.00
Information Disclosure Statement
Form PTO-1449
- Cited Art Reference (C)

Further, the Commissioner is authorized to charge Deposit Account No. 20-0778 for any additional fees required. The Commissioner is requested to credit any excess fee paid to Deposit Account No. 20-0778.



Effective on 12/08/2004 Fees Pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2006 <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27	Complete if Known	
	Application Number	10/005,628
	Filing Date	December 5, 2001
	First Named Inventor	Plourde, Harold J.
	Examiner Name	Peyton, Tammara R.
	Art Unit	2182
TOTAL AMOUNT OF PAYMENT	(\$920.00)	Attorney Docket No. A-7446 (191920-1130)

METHOD OF PAYMENT (check all that apply)

☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):

☐ Deposit Account Deposit Account Number: **20-0778** Deposit Account Name: **Thomas, Kayden, Horstemeyer Risley, L.L.P.**
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	Filing Fees		Search Fees		Examination Fees		Fees Paid (\$)
	Fee (\$)	Small Entity Fee(\$)	Fee (\$)	Small Entity Fee(\$)	Fee (\$)	Small Entity Fee(\$)	
Utility	300	150	500	250	200	100	0
Design	200	100	100	50	130	65	0
Plant	200	100	300	150	160	80	0
Reissue	300	150	500	250	600	300	0
Provisional	200	100	0	0	0	0	0

2. EXCESSIVE CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee(\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
-20 or HP =		50	0			
HP = highest number of total claims paid for, if great than 20						

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
-3 or HP =		200	0
HP = highest number of total claims paid for, if great than 3			

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 USC 41(a)(1)(G) and 37 CFR 1.16(s)

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
-100 =	/50=	(round up to a whole number) x	250 =	0

4. OTHER FEE(S)

	Fee Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	0
Other: Petition Fee (\$130); RCE Fee (\$790)	920.00

SUBMITTED BY		Complete (if applicable)	
Signature		Registration No. 34,367	Telephone Number 770-933-9500
Name: (Print/Type)	Jeffrey R. Kuester	Date:	6-2-06